<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u>

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8-13-08</u>	Address:	710 KAHL ST
Case #:	<u>45-48730</u>		PALMYRA, IN
County:	<u>llarrison</u>	•	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemie	onal Lab al/Glasswarc/Equipment (only) te (only)	☐ Residence ☑ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
<u>(check all th</u>	nd: Location (bedroom, kitchen, open ai lat apply) /Ammonia Reaction(s);	r, etc)	
Red Phosphorous/Iodine Reaction(s): <u>GARAGE</u>			
Flammable Solvents: GARAGE			
Water Reactive Mctal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (it	em and location): IODINE CRYSTAL	. <u>.s</u>	
☐ Yes _ ⊠ No	r age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report	is to be faxed to the following agen	<u>cies that serve the lo</u>	ocation:
Fire Department: <u>PALMYRA VFD</u> Health Department: <u>HARRISON CO.</u> Child Protection Service: <u>HARRISON CO.</u>		Fax: <u>N/A</u> Fax: <u>738-4</u> Fax: <u>N/A</u>	<u>292</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: J.L. SMITH Phone 812-246-5424			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.